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ABSTRACT

This report discusses a study that examined the perceived credibility of children with learning disabilities once they received instruction in a procedure to increase recall during narrative testimony. Narrative Elaboration Training (NET) helps children to develop memory skills by teaching strategies for remembering the details that are expected in questioning on the witness stand. It consists of four organizational categories cues that have been studied as triggers for children's event knowledge: participants, settings, actions, and conversation/affective states. Each topic is depicted in a simple drawing on flash cards that are used as cues to remind children to elaborate when possible. Adults (n=202) rated the credibility in both cued and free recall from a child who received the training, compared to a control. A significant difference was found in six of the eight credibility dimensions. The child who received NET was rated as more able to narrate, likeable, and nervous. The control child was rated as more confident, consistent, and outgoing. No significant difference was found in speech strength or believability. The report argues that although the data failed to show the child who received the training as being perceived more credible overall, he was seen as more capable of narrative. (Contains 23 references.) (CR)

Enhancing the Completeness of the Narrative Accounts in Children with Learning
Disabilities to Increase Witness Credibility in Cases of Abuse and Neglect

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Abstract

This study examines the perceived credibility of children with learning disabilities once they received instruction in a procedure proven to increase recall during narrative testimony on the witness stand (*Narrative Elaboration Training-NET*). 202 adults rated the credibility in both cued and free recall from a child who received the training, compared to a child in the control group. A significant difference was found in six of the eight credibility dimensions. The child who received NET was rated as more narrative, likeable and nervous. The child in the control group was rated as more confident, consistent, and outgoing. No significant difference was found in speech strength or believability. Although the data failed to show a trend toward the child who received the training as being perceived more credible overall, he was seen as more narrative, which is a variable that relates directly to credibility.

It has been estimated that children with disabilities are as much as five times more vulnerable to abuse than their non-disabled peers (Sobsey, 1992; Tobin, 1992). A study conducted at the Boys Town Center for Abused Children with Disabilities in Omaha, Nebraska (Sullivan & Knutson, 2000) found that 33% of children with disabilities were abused compared to 9% of non-disabled children. Identifying abuse in a non-disabled child is a complex and difficult task that becomes even more difficult when the child suffers a disability, particularly a learning disability. Gibbs & Cooper (1989) estimate that 90% of children with learning disabilities exhibit mild to moderate language deficits. These difficulties interfere with children's ability to communicate about an abusive event, especially when testifying in court.

Jury members tend to bring into the courtroom preconceived notions about children as witnesses; however, the characteristics of children also play a role in their credibility. When children are not able to communicate effectively they may be perceived as less credible or less believable, leaving them isolated and vulnerable. Such factors as how nervous they are, or how confident their testimony appears, despite the fact that they may exhibit a disability, can influence the jury (Ross, Dunning, Toglia & Ceci, 1989; Leippe & Romanczyk, 1987; Saywitz, 1988).

It is common practice for lawyers to coach clients on appearance, communication style and behavior in an attempt to decrease threats to credibility (Nietzel & Dillehay, 1986). In addition to these procedures designed to influence jurors' perceptions, the legal issues for a prosecutor presenting an abuse case revolves around the capacity of the victim to aid in the investigation and to give sworn testimony in court (Borko, 1992). Unfortunately, the testimony of a child who has witnessed a crime or may be the alleged

victim of one is often the only piece of information on which the legal system can rely. Therefore, if a child with a learning disability has difficulty communicating about the events, it may hamper the prosecutor's investigation or ability to use the child's testimony in court (Perry & Wrightsman, 1991).

The use of language and discourse, in particular, is crucial for communicating effectively. Testifying is a form of discourse that requires retrieving memories of past events, and the translation of these memories into verbal responses that adults can understand within the constraints of forensic context (e.g. questioning under oath, logical chaining of events). A number of variables, such as age, gender, socio-economic status and type of disability have been cited in the literature as potential detriments to the perceived credibility of a child witnesses. However, recent studies in this area have begun to focus on how communication skills differ between children and adults and how this difference may lead to false perceptions of incompetence.

Saywitz, Nathanson & Snyder (1993), found that the courtroom requires the knowledge of a certain level of discourse that most children have trouble managing. Therefore, the testimony of a child witness is often incomplete and fragmented (Saywitz & Snyder, 1996). The language of a child can seem inappropriate to adults, which can lead to misunderstandings. Furthermore, children typically lack the ability to recount past events in narrative form. The more spontaneous a child's testimony, the fewer leading questions asked by the lawyers. If the child can fully elaborate about a topic and organize the events into a narrative that adults understand, the more believable and credible he or she will be perceived.

The difficulties children with learning disabilities have with discourse have also been well documented (Garnett, 1986; Montague, Maddux & Dereshiwsky, 1990; Ripich & Griffith, 1988). According to the Individuals with Disabilities Act (IDEA), the definition of a learning disability includes a major discrepancy between a child's intellectual ability and academic achievement (Salend, 1998). This discrepancy usually involves the basic psychological processes involved in understanding and using language spoken or written and can be evident in the ability to listen, think, speak, read, write, spell or do math calculations. The literature on the narrative accounts of children with learning disabilities, however, reveals only a few differences between these children and children without disabilities (Garnett, 1986; Graybeal, 1981). The recall of past events in both populations is quite accurate, yet incomplete. However, children with learning disabilities tend to recall significantly less information than their non-disabled peers (Graybeal, 1981; Roth, 1986; Saywitz, 1988). This includes less information about character description and context, shorter and fewer episodes and reduced use of planning and connection of narrative events (Roth, 1986).

When children develop narratives they must control over their own comprehension and expression of sequential information. A child must use semantic decoding with situational cues, retain verbal information and be able to organize and sequence the content. These skills are necessary to discuss experiences that cannot be addressed in one sentence and to develop a narrative that holds the floor and paints a vivid picture of what actually took place. In general, children have trouble with this process. They often do not present enough detailed recounts for adults to follow.

Children learn to tell narratives by starting with what Garnett (1986) refers to as heaps and leapfrogging. In this process they put together each item of a story in an unordered fashion and leap from one topic to another topic. This confusion can be very hard to follow, forcing the listener to fill in the missing information or to ask more questions (Garnett, 1986). Over time, children should progress to more logical chaining of events in a story. Eventually, they start to provide more information about the setting and content, which brings the listener into the conversation.

Children with learning disabilities do possess the developmental attributes for creating a narrative. They can answer focused and direct questions about a story and put together a coherent narrative, as long as the structure is provided. When they must form a narrative on their own they tend to stray off topic and display difficulties in organizing and monitoring their language (Garnett, 1986; Ripich & Griffith, 1988). Children with learning disabilities have the language strategies in their repertoire to process the information but they often have trouble using strategies to self regulate and spontaneously formulate a verbal response adequate for adult audiences (i.e. jury) to find logical and believable (Montague, et al., 1990). When an adult provides guidance and asks specific questions to elicit more information, the desired results are usually obtained, and more accurate information emerges (Flavell, 1985). Furthermore, memory is not necessarily the issue; it is the skeletal nature of children's narratives that requires them to receive guidance or help in expanding their recall of crucial information.

One guidance procedure that has proven to help non-disabled children recall more information during narratives is Narrative Elaboration Training (NET). This set of procedures helps children to develop memory skills by teaching strategies for

remembering the details that are expected in questioning on the witness stand (Saywitz et al., 1993; Saywitz & Snyder, 1996). NET consists of four organizational categorical cues that have been studied as triggers for children's event knowledge (Saywitz & Snyder, 1996): participants, settings, actions, and conversation/affective states. Each topic is depicted in a simple drawing on a flash card made into the shape of a stop sign. For example, a drawing of a stick figure represents the participant category and is called the "people" sign. The children are told that this card can be used to remind them of "who was there" and "what they looked like". Each of the cards is then shown to children and used as cues to remind them to elaborate when possible (Saywitz & Snyder, 1996; Saywitz, Snyder & Lamphear, 1996).

This technique was developed and tested with non-disabled children in 1996 by Karen Saywitz. Subjects were assigned randomly to one of three conditions, 1) narrative elaboration intervention, 2) instruction-based intervention or 3) control group. After participating in a staged event the subjects were provided NET, instructions-based intervention, or neither. Their memories about the event were tested in an interview with both free and cued recall questions. It was found that the completeness of a child's memory could be increased without affecting the accuracy or creating more errors in language after receiving NET (Saywitz & Snyder, 1996). This same study was replicated in 1999 with 39 subjects with learning disabilities (reference withheld for review). The results were similar to Saywitz & Snyder (1996), in that with NET the children with learning disabilities recalled more correct and complete items than the instruction-based intervention group.

The present investigation is an extension of the 1999 study (reference with held for review); the current inquiry examined the perceived level of credibility in children's witness testimony once they have received NET. Two hundred and two adult subjects judged the credibility in children who had been labeled as learning disabled. Without prior knowledge of NET, the adults watched one video of a child who had been trained in NET recalling a past event, then watched another video of a child who had not been trained in NET recalling the same event. The investigation was carried out in two phases. Phase I involved children and NET, while Phase II involved the adult subjects and the video recall.

Methodology

Phase I: Narrative Elaboration Training and Memory Interview

Sample

Subjects. Eight male elementary students participated in the NET part of the study. Males were chosen since the prevalence of learning disabilities is higher in males than females (Salend, 1998). All eight children were identified as learning disabled by their school district; all were African-American. The eight children were involved in the staged event together. Each child was then randomly assigned to either a NET or control group. After the children participated in the first and second treatment or control sessions, each was administered a memory interview which was videotaped. Once the interviews were transcribed and coded, one videotaped memory interview was chosen from the treatment group and one from the control group to be shown during phase II of the study. These children were selected because of their similarities and scores on the memory interviews.

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The child from the NET group, whose videotaped narrative was selected to be used in phase II, was 9 years old. He had received teacher ratings in receptive language skills with a mean of 1.75, with 1 being a poor rating and 5 being a superior rating. His teacher ratings for expressive language skills had a mean of 1.4, with 5 being the highest. The child from the control group, whose narrative was selected to be used in phase II, was 10 years old and received mean teacher ratings of 2.25 in receptive language and 1.4 in expressive language.

Procedure

Staged Event. First, all eight children participated in a classroom event designed to simulate the many elements of events about which children may testify (e.g., bodily touch). This event consisted of episodes that demanded a high level of later recall. It involved the children emotionally and provided a distraction that may have confused them during later recall. To the extent that it simulated the demands typically made upon child witnesses, it was ecologically valid. However, for ethical reasons, it necessarily spared children from harm or stress.

In the event, two people played student teachers. They taught a history lesson, a craft activity and a folk dance about Mexico. Halfway through the craft, another teacher (confederate) entered the room and accused a teacher of taking his materials without asking. One of the female teachers had already distributed the materials (markers) to the children who then became participants in the disagreement and its resolution.

Two weeks after the staged event, participating children were randomly selected to individually receive one of two treatments: 1) narrative elaboration, or 2) control group (motivating instructions), for two 30-minute sessions each. After completing the second

session, the children were individually asked to give a narrative account of the event, which was videotaped.

Narrative Elaboration Training (NET). The children who received this training were taught that they could improve their recall of past events by organizing event information into four categories (participants, setting, action, and conversation/affective states). A simple drawing on a card represented each category. These drawings were called "reminder signs".

During mock recall in the first session the children learned to use these pictorial cues to trigger the retrieval of information from each category. For example, the participant category was represented by a drawing of a stick figure and was called the "people" sign. Each child was told, "When you talk about things that have happened, you will need to remember the people who were there, what they looked like, and how they were dressed. You can use this sign to help you remember." This procedure was followed for each reminder sign.

In the second session, the children watched a video vignette that required them to practice describing the characters from memory. The video involved a girl named Megan who breaks her arm and has to go to the hospital. The children were then told to use the reminder signs when watching different parts of the video. They practiced describing the characters and events of the video from memory for each of the four categories. The children's responses were elaborated upon by demonstrating that they could tell additional kinds of information (e.g. hair, skin, and eye color, body size, age, and glasses). In addition, the children were given instructions regarding accuracy and completeness; "Tell me as much as you can about what really happened, even the little

things, without guessing". At the end of the second session, the children were given a memory interview consisting of both free and cued recall questions about the staged event. These interviews were video taped and one was selected for use in second phase of the investigation based on similarity of responses to subjects in the 1999 (reference withheld for review) study.

Control Group (Motivating Instructions). The children in this group spent the same amount of time with the same researcher involved in similar activities and materials as the NET group. However, after watching a video vignette of other children building a go-cart, motivating instructions were used and the children were only advised to, "Do your best and try hard when answering the questions, but do not guess." After the second session the children were given the same memory interview that was administered to the children who received NET. These interviews were also videotaped and one was similarly selected for use in the second phase of the investigation.

Memory Interview

Both children individually received the same interview instructions. The interview involved two tasks: Free Recall—Children were asked to give a narrative account of what happened in the staged event and Cued Recall—Children were asked if each individual reminder card reminded them to elaborate on the staged event.

In free recall, the children were told to tell about everything that happened the day they went to the cafeteria to work with the student teachers in the staged event. This question was asked to try to elicit free and spontaneous recall of a past event in which the children had been involved. After the children had given their narratives the researcher prompted them one more time with "Is there anything else you want to say about that

day?" and waited to see if the child added more information. Next, both groups of children were cued to create more narrative about the stage event using the reminder signs. Each card (participants, settings, action and conversations/affective states) was flashed in front each child as the researcher asked, "does this card remind you to tell anything else?"

Data Coding and Analysis

Videotapes of the interviews were transcribed. A checklist applying a prepositional analytic system to the script of the staged event was utilized for coding the children's recall. This checklist was developed in pervious studies (Saywitz & Snyder, 1996; reference with held for review), and consisted of 451 observable events that took place during the staged event. Depending on what the children recalled, for both free and cued recall, memory of any items on the checklist were coded as correct or incorrect.

In the video that was selected of the child who had received NET, he reported 10 correct items with no errors during free recall. The video of this child was selected because his free recall was similar to the means of the other children who had received NET in an earlier study (reference with held for review). During cued recall, this child reported 3 correct items with no errors. Again, these results were similar to those children who received NET in the previous study. On the other hand, the videotaped interview of the child in the control group who received the motivating instructions also was selected after analysis revealed similar proportions of correct and incorrect items for free and cued recall as those who were in the control group in earlier NET study. During free recall, this child reported 7 correct items with 1 error and during cued recall he reported no items, neither correct nor incorrect.

Phase II: Adult Perceptions of Child Witness Credibility

Sample

Subjects. Each adult in the study was randomly selected from volunteers who were eligible to participate on a jury. Once the adults volunteered they had to qualify for jury duty under the Rules of Civil Procedures, Article 2094. In this study these criteria included being at or over the age of 18, never having been convicted of a felony or been a judge and they must have been a U.S. citizen. The adults were then told that they would be evaluating children's narrative accounts of a past event.

Of the 202 adults who participated in the study, 180 (89%) of them were white. Three of the subjects (1.5%) were African American, 15 (7.4) were Hispanic and 4 (2.0%) categorized themselves as other. Fifty-three (27%), were male; 149(73%) were female. The high proportion of white female subjects was not judged to potentially affect results.

Design

An experimental post-test only, control group design was employed to examine the effects of the treatment on the adult credibility ratings. All the adult subjects viewed the taped recall of one child randomly assigned to each group (NET and control). These adults then rated each child's credibility using a questionnaire provided after each video. It was hypothesized that the adult raters would perceive the child who had received the treatment as overall more credible than the child in the control group.

Rating Scale

The rating scale used in the study was developed by Leippe, Romanczyk and Manion (1992). In the questionnaire, the adults were asked to rate the children's video

taped memory reports in eight categories: believability, confidence, consistency, nervousness, outgoing (vs. shy), likeability, narrativeness (fragmented vs. narrative) and speech strength (strong vs. weak). These variables have been shown in the literature to be some of the most important factors influencing jurors' perceptions of child witnesses. Each rating was made on a 7-point scale in which the higher numbers indicated more of the attribute.

Other demographics, such as age, and socio-economic status, were also collected and may be used in future inquiries; these variables were not analyzed for this study. Furthermore, the adult subjects were asked if they knew that these children had a disability and if so, did this knowledge affect their ratings. Also, they were asked if the ethnicity of the children affected their credibility ratings considering that both children were African-American. These two variables also were not analyzed in this study, nevertheless.

Procedure

In groups of approximately forty, adult subjects watched the first video of the child's memory interview, followed by the second. The two different tapes were shown in random order for each group of adult subjects. Each video was completed after the child answered the free and cued recall questions. Following each video, the questionnaire was administered. It was determined after the fact whether each adult subject was eligible. Ineligible subjects were discarded before the data was analyzed.

Results

Data Coding and Analysis

To investigate the overall credibility ratings given to each child the ratings on the 7-point scale for each category were summed across the adult rater responses to yield mean scores per category. A paired sample test was conducted to analyze the effects of the treatment condition compared to the control group on the ratings (1-7) given for each question by the adult subjects on the questionnaire. Table 1 presents a summary of the paired sample tests for the credibility ratings by the adult participants.

Results for each of the paired sample tests indicate that the child who received NET was perceived as less credible than the child who received the motivating instructions (control group). The child who received NET was also rated as less consistent, less confident, less outgoing and more nervous overall compared to the child who received motivating instructions (control group). However, the child who received NET was rated as more likeable and his narrative was rated as stronger than that of the child who was in the control group and received motivating instructions. There were no significant differences found for believability and speech strength.

Discussion

Although the present data failed to demonstrate a trend toward the child who received NET as being perceived as more credible, they did show that this child was seen as having a stronger narrative, which points to being perceived as more believable. Believability relates directly to credibility in the eyes of the jury (Bottoms & Goodman, 1994; Leippe & Romanczyk, 1989; Ross et al., 1989). Being perceived as having a stronger narrative means that the child who received NET was perceived as exhibiting

longer and more elaborate responses to the memory interview questions. On the witness stand this translates into more detailed memories about a specific event. Both children discussed the same major actions that took place during the staged event. However, the child who received NET spontaneously rendered more information about the setting in which the event occurred. This child also brought the listener into the conversation by discussing such details as who was there and what was said during the event. These details were seen as more narrative by the adult raters, which in turn may have made the child appear more believable.

These findings indicate what other research suggests: the better a jury rates a witness's narrative skills the more likely they will believe that witness (Leippe et al., 1992). The NET results in this study indicated, again, that this training technique increases the completeness and accuracy of the accounts of children with disabilities.

These findings in themselves support the fact that NET could be beneficial in increasing the amount of information that children with learning disabilities correctly recall, and help these children to offer complete and accurate testimony during the investigative and judicial process during an alleged abuse or neglect case. The adult raters perceived the child who received NET as more narrative, which means that NET succeeded in increasing the likelihood of this child being perceived as presenting more complete and spontaneous reports about what took place.

Further research is necessary to examine and extend the results of this investigation. For example, the value of NET in the educational setting as a tool to help increase the storytelling skills of children with learning disabilities should be investigated. In addition, further research is necessary to stabilize and strengthen the

findings of this study; especially considering the use of the credibility rating scale is in its infancy. Replicating this investigation with children who display different types of disabilities or using a more diverse population of adult raters, are further avenues future research in this field.

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Table 1

Credibility Ratings of Video Taped Interviews of NET vs. Control

Rating Categories	<u>Context</u>		<u>t</u>
	NET M(SD)	Control M(SD)	
Consistent	4.11 (1.13)	4.59 (1.47)	-4.02 *
Confident	3.53 (1.14)	4.44 (1.38)	-7.25 *
Nervous	4.31 (1.28)	3.21 (1.38)	8.23 *
Outgoing	3.54 (1.21)	4.29 (1.39)	-5.45 *
Likeable	5.18 (1.14)	4.82 (1.21)	4.05 *
Believable	4.80 (1.30)	4.63 (1.34)	1.44
Narrative	3.43 (1.28)	2.86 (1.35)	3.55 *
Speech Strength	3.23 (1.22)	3.47 (1.43)	-1.80

* $p \leq .001$

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